



Department
of Agriculture
STATE OF HAWAII

Pesticides Branch
1428 S. King Street
Honolulu, HI 96814-2512

For Official Use Only

APPLICATION FOR LICENSE RENEWAL OF PESTICIDES AND NON-CHEMICAL PEST CONTROL DEVICES

Application of license renewal of the pesticide(s) named below is hereby filed with the Administrator, Division of Plant Industry. Remittance payable to the HAWAII STATE DEPARTMENT OF AGRICULTURE, is enclosed herewith to cover the license fee(s) for _____ renewals. TOTAL: \$_____.

Firm Name			
Mailing Address	City	State	Zip Code
Name of Person Responsible for License	Title	Telephone Number	
Fax Number	E-Mail Address		
Signature of Authorized Representative		Date	
Hawaii Distributor	Address		

(For State Use Only)

License Period _____

CERTIFICATE OF LICENSE

When signed under authority of the Chairperson, Board of Agriculture, this certifies that the brands or grades of pesticide(s) named below have been duly licensed, license fee(s) paid therefore and their sales in Hawaii authorized for the license period referred to, pursuant to provisions of the Hawaii Pesticides Law (Chapter 149A, Hawaii Revised Statutes) and the Administrative Rules, Chapter 66, Pesticides, Title 4, Department of Agriculture.

Date Issued

Receipt No.

Administrator, Division of Plant Industry

State License Number	EPA Registration Number	Product Name